STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR_ <u>5 32/</u>	
NAME OF COUNSEL: James Cole and Kev	in Wol
FIRM: Bryan Care LLP	-
ADDRESS: 700 13th St. NW Washington DC 20005	. 21
Washington DC 20005	OFFIC OZ NO
	COUNTY 22
TELEPHONE: (202) 508-6091	SEL GENEF SEL
FAX:(202) 508-6200	RAL RAL
The above-named individual is hereby designated as my dand is authorized to receive any notifications and other community of the Commission and to act on my behalf before the Commission and to act on my behalf before the Commission and to act on my behalf before the Commission and to act on my behalf before the Commission and to act on my behalf before the Commission and	nications
Date Signature,	Title
RESPONDENT'S NAME: Mary Robert	
ADDRESS: 34 Country Life Acres 57. Lovis, MO 63131-19	-
ST. Louis, MO 63131-19	403
	-
TELEPHONE: HOME()	
BUSINESS()	5